

General Assembly

Raised Bill No. 6644

January Session, 2013

LCO No. 4294



Referred to Committee on PUBLIC HEALTH

Introduced by: (PH)

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. Section 19a-32c of the general statutes is repealed and the
- 2 following is substituted in lieu thereof (*Effective October 1, 2013*):
- There is created a Biomedical Research Trust Fund which shall be a
- 4 separate nonlapsing fund. The trust fund may accept transfers from
- 5 the Tobacco Settlement Fund and may apply for and accept gifts,
- 6 grants or donations from public or private sources to enable the
- 7 account to carry out its objectives. [On and after July 1, 2001, the] The
- 8 Commissioner of Public Health may make grants-in-aid from the trust
- 9 fund to eligible institutions for the purpose of funding biomedical
- 10 research in the fields of heart disease, cancer and other tobacco-related
- 11 diseases, and Alzheimer's disease and diabetes. [For the fiscal year
- 12 ending June 30, 2002, the total amount of such grants-in-aid made
- during the fiscal year shall not exceed two million dollars. For the
- 14 fiscal year ending June 30, 2003, and each fiscal year thereafter, the
- total amount of such grants-in-aid made during the fiscal year | Each

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- 16 fiscal year, the total amount of moneys deposited in the account shall 17 be used by the Commissioner of Public Health for such grants-in-aid, 18 provided such grants-in-aid shall not exceed fifty per cent of the total 19 amount held in the trust fund as of the date such grants-in-aid are 20 approved. [Not later than April 1, 2001, the] Two per cent of the total 21 available amount held in the trust fund shall be made available to the 22 Department of Public Health for administration expenses relating to 23 the trust fund and making the grants-in-aid. The Commissioner of 24 Public Health shall develop an application for grants-in-aid under this 25 section and may receive applications from eligible institutions for such 26 grants-in-aid. [on and after said date.] For purposes of this section, 27 "eligible institution" means an entity that has its principle place of 28 business located in the state and is (1) a nonprofit, tax-exempt 29 academic institution of higher education, or (2) a hospital that 30 conducts biomedical research.
- Sec. 2. Section 19a-266 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2014*):
 - (a) For purposes of this section:

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- (1) "Breast cancer screening and referral services" means necessary breast cancer screening services and referral services for a procedure intended to treat cancer of the human breast, including, but not limited to, surgery, radiation therapy, chemotherapy, hormonal therapy and related medical follow-up services.
- (2) "Cervical cancer screening and referral services" means necessary cervical cancer screening services and referral services for a procedure intended to treat cancer of the human cervix, including, but not limited to, surgery, radiation therapy, cryotherapy, electrocoagulation and related medical follow-up services.
- (3) "Unserved or underserved populations" means women who are:
 (A) At or below two hundred <u>fifty</u> per cent of the federal poverty level for individuals; (B) without health insurance that covers breast cancer

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screening mammography or cervical cancer screening services; and (C) twenty-one to sixty-four years of age.

- (b) There is established, within existing appropriations, a breast and cervical cancer early detection and treatment referral program, within the Department of Public Health, to (1) promote screening, detection and treatment of breast cancer and cervical cancer among unserved or underserved populations, (2) educate the public regarding breast cancer and cervical cancer and the benefits of early detection, and (3) provide counseling and referral services for treatment.
- (c) The program shall include, but not be limited to:

- (1) Establishment of a public education and outreach initiative to publicize breast cancer and cervical cancer early detection services and the extent of coverage for such services by health insurance; the benefits of early detection of breast cancer and the recommended frequency of screening services, including clinical breast examinations and mammography; and the medical assistance program and other public and private programs and the benefits of early detection of cervical cancer and the recommended frequency of pap tests;
- (2) Development of professional education programs, including the benefits of early detection of breast cancer and the recommended frequency of mammography and the benefits of early detection of cervical cancer and the recommended frequency of pap tests;
- (3) Establishment of a system to track and follow up on all women screened for breast cancer and cervical cancer in the program. The system shall include, but not be limited to, follow-up of abnormal screening tests and referral to treatment when needed and tracking women to be screened at recommended screening intervals;
- (4) Assurance that all participating providers of breast cancer and cervical cancer screening are in compliance with national and state quality assurance legislative mandates.

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(d) The Department of Public Health shall provide unserved or underserved populations, within existing appropriations and through contracts with health care providers: (1) Clinical breast examinations, screening mammograms and pap tests, as recommended in the most current breast and cervical cancer screening guidelines established by the United States Preventive Services Task Force, for the woman's age and medical history; and (2) a pap test every six months for women who have tested HIV positive.

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- [(e) The organizations providing the testing and treatment services shall report to the Department of Public Health the names of the insurer of each underinsured woman being tested to facilitate recoupment.]
- Sec. 3. Subsection (c) of section 19a-491c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):
 - (c) (1) Except as provided in subdivision (2) of this subsection, each long-term care facility, prior to extending an offer of employment to, or entering into a contract for, the provision of long-term care services with any individual who will have direct access, or prior to allowing any individual to [have direct access while] begin volunteering at such long-term care facility when the long-term care facility reasonably expects such volunteer will regularly perform duties that are substantially similar to those of an employee with direct access, shall require that such individual submit to a background search. The Department of Public Health shall prescribe the manner by which (A) long-term care facilities perform the review of (i) the registry of nurse's aides maintained by the department pursuant to section 20-102bb, and (ii) any other registry specified by the department, including requiring long-term care facilities to report the results of such review to the department, and (B) individuals submit to state and national criminal history records checks, including requiring the Department of Emergency Services and Public Protection to report the results of such

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109 checks to the Department of Public Health.

- 110 (2) No long-term care facility shall be required to comply with the 111 provisions of this subsection if the individual provides evidence to the 112 long-term care facility that such individual submitted to a background 113 search conducted pursuant to subdivision (1) of this subsection not 114 more than three years immediately preceding the date such individual 115 applies for employment, seeks to enter into a contract or begins 116 volunteering with the long-term care facility and that the prior 117 background search confirmed that the individual did not have a 118 disqualifying offense.
- Sec. 4. Subsection (a) of section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1*, 2013):
- 122 (a) "Institution" means a hospital, short-term hospital special 123 hospice, hospice inpatient facility, residential care home, health care 124 facility for the handicapped, nursing home, rest home, home health 125 care agency, homemaker-home health aide agency, mental health 126 facility, assisted living services agency, substance abuse treatment 127 facility, outpatient surgical facility, an infirmary operated by an 128 educational institution for the care of students enrolled in, and faculty 129 and employees of, such institution; a facility engaged in providing 130 services for the prevention, diagnosis, treatment or care of human 131 health conditions, including facilities operated and maintained by any 132 state agency, except facilities for the care or treatment of mentally ill 133 persons or persons with substance abuse problems; and a residential 134 facility for the mentally retarded licensed pursuant to section 17a-227 135 and certified to participate in the Title XIX Medicaid program as an 136 intermediate care facility for the mentally retarded;
- Sec. 5. Subsection (c) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective* October 1, 2013):

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140 (c) Notwithstanding any regulation, [to the contrary,] the 141 Commissioner of Public Health shall charge the following fees for the 142 biennial licensing and inspection of the following institutions: (1) 143 Chronic and convalescent nursing homes, per site, four hundred forty 144 dollars; (2) chronic and convalescent nursing homes, per bed, five 145 dollars; (3) rest homes with nursing supervision, per site, four hundred 146 forty dollars; (4) rest homes with nursing supervision, per bed, five 147 dollars; (5) outpatient dialysis units and outpatient surgical facilities, 148 six hundred twenty-five dollars; (6) mental health residential facilities, 149 per site, three hundred seventy-five dollars; (7) mental health 150 residential facilities, per bed, five dollars; (8) hospitals, per site, nine 151 hundred forty dollars; (9) hospitals, per bed, seven dollars and fifty 152 cents; (10) nonstate agency educational institutions, per infirmary, one 153 hundred fifty dollars; [and] (11) nonstate agency educational 154 institutions, per infirmary bed, twenty-five dollars; (12) short-term 155 hospitals special hospice, per site, nine hundred forty dollars; (13) 156 short-term hospitals special hospice, per bed, seven dollars and fifty 157 cents; (14) hospice inpatient facility, per site, four hundred forty 158 dollars; and (15) hospice inpatient facility, per bed, five dollars.

- Sec. 6. Subsection (b) of section 19a-87b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):
- 162 (b) No person shall act as an assistant or substitute staff member to a 163 person or entity maintaining a family day care home, as defined in 164 section 19a-77, without an approval issued by the Commissioner of 165 Public Health. Any person seeking to act as an assistant or substitute 166 staff member in a family day care home shall submit an application for 167 such approval to the department. Applications for approval shall: (1) 168 Be made to the commissioner on forms provided by the department, 169 (2) contain the information required by regulations adopted under this 170 section, and (3) be accompanied by a fee of [twenty] fifteen dollars. The 171 approval application forms shall contain a notice that false statements 172 made in such form are punishable in accordance with section 53a-157b.

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Sec. 7. Section 52-1460 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

- (a) Except as provided in sections 52-146c to 52-146j, inclusive, sections 52-146p, 52-146q and 52-146s, and subsection (b) of this section, in any civil action or any proceeding preliminary thereto or in any probate, legislative or administrative proceeding, a physician, [or] surgeon or other provider, as defined in subsection (b) of section 20-7b, shall not disclose (1) any communication made to him or her by, or any information obtained by him or her from, a patient or the conservator or guardian of a patient with respect to any actual or supposed physical or mental disease or disorder, or (2) any information obtained by personal examination of a patient, unless the patient or [his] the patient's authorized representative explicitly consents to such disclosure.
- (b) Consent of the patient or [his] the patient's authorized representative shall not be required for the disclosure of such communication or information (1) pursuant to any statute or regulation of any state agency or the rules of court, (2) by a physician, surgeon or other [licensed health care] provider against whom a claim has been made, or there is a reasonable belief will be made, in such action or proceeding, to [his] the patient's attorney or professional liability insurer or such insurer's agent for use in the defense of such action or proceeding, (3) to the Commissioner of Public Health for records of a patient of a physician, surgeon or health care provider in connection with an investigation of a complaint, if such records are related to the complaint, or (4) if child abuse, abuse of an elderly individual, abuse of an individual who is physically disabled or incompetent or abuse of an individual with intellectual disability is known or in good faith suspected.
- Sec. 8. Section 19a-496 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

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(a) An institution which is in operation at the time of the adoption of any regulations under section 19a-495, shall be given a reasonable time [, not to exceed one year from the date of such adoption,] within which to comply with such regulations. The provisions of this section shall not be construed to require the issuance of a license, or to prevent the suspension or revocation thereof, to an institution which does not comply with minimum requirements of health, safety and comfort designated by the Department of Public Health through regulation adopted under the provisions of section 19a-495.

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(b) The department may inspect an institution to determine compliance with applicable state statutes and regulations. Upon a finding of noncompliance with such statutes or regulations, the department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the department in response to the items of noncompliance identified in such notice. The plan of correction shall include: (1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance; (2) the date each corrective measure or change taken by the institution is effective; (3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and (4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction. The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction that meets the requirements of this section may be subject to disciplinary action.

Sec. 9. Section 20-13c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

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The board is authorized to restrict, suspend or revoke the license or limit the right to practice of a physician or take any other action in accordance with section 19a-17, for failure to conform to the accepted standards of the profession that includes, but is not limited to, any of the following: [reasons:] (1) Physical illness or loss of motor skill, including, but not limited to, deterioration through the aging process; (2) emotional disorder or mental illness; (3) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (4) illegal, incompetent or negligent conduct in the practice of medicine; (5) possession, use, prescription for use, or distribution of controlled substances or legend drugs, except for therapeutic or other medically proper purposes; (6) misrepresentation or concealment of a material fact in the obtaining or reinstatement of a license to practice medicine; (7) failure to adequately supervise a physician assistant; (8) failure to fulfill any obligation resulting from participation in the National Health Service Corps; (9) failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-11b; (10) failure to provide information requested by the department for purposes of completing a health care provider profile, as required by section 20-13j; (11) engaging in any activity for which accreditation is required under section 19a-690 or 19a-691 without the appropriate accreditation required by section 19a-690 or 19a-691; (12) failure to provide evidence of accreditation required under section 19a-690 or 19a-691 as requested by the department pursuant to section 19a-690 or 19a-691; (13) failure to comply with the continuing medical education requirements set forth in section 20-10b; or (14) violation of any provision of this chapter or any regulation established hereunder. In each case, the board shall consider whether the physician poses a threat, in the practice of medicine, to the health and safety of any person. If the board finds that the physician poses such a threat, the board shall include such finding in its final decision and act to suspend or revoke the license of said physician.

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Sec. 10. Section 20-29 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

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The Board of Chiropractic Examiners may take any of the actions set forth in section 19a-17 for failure to conform to the accepted standards of the profession that includes, but is not limited to, any of the following: [reasons:] The employment of fraud or deception in obtaining a license, habitual intemperance in the use of ardent spirits, narcotics or stimulants to such an extent as to incapacitate the user for the performance of professional duties, violation of any provisions of this chapter or regulations adopted hereunder, engaging in fraud or material deception in the course of professional services or activities, physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, illegal, incompetent or negligent conduct in the practice of chiropractic, failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-28b, failure to comply with the continuing education requirements as set forth in section 20-32, or failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. Any practitioner against whom any of the foregoing grounds for action under said section 19a-17 are presented to said board shall be furnished with a copy of the complaint and shall have a hearing before said board. The hearing shall be conducted in accordance with the regulations established by the Commissioner of Public Health. Said board may, at any time within two years of such action, by a majority vote, rescind such action. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec. 11. Section 20-40 of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective October 1, 2013*):

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Said department may refuse to grant a license to practice nature opathy or may take any of the actions set forth in section 19a-17 for failure to conform to the accepted standards of the profession that includes, but is not limited to, any of the following: [reasons:] The employment of fraud or material deception in obtaining a license, habitual intemperance in the use of ardent spirits, narcotics or stimulants to such an extent as to incapacitate the user for the performance of professional duties, violations of the provisions of this chapter or regulations adopted hereunder, engaging in fraud or material deception in the course of professional services or activities, physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, illegal, incompetent or negligent conduct in his practice, failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-39a, or failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. Any applicant for a license to practice nature opathy or any practitioner against whom any of the foregoing grounds for refusing a license or action under said section 19a-17 are presented to said board shall be furnished with a copy of the complaint and shall have a hearing before said board in accordance with the regulations adopted by the Commissioner of Public Health. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec. 12. Section 20-45 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

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The license of any licensed practitioner of the healing arts in this state, except a physician as defined in section 20-13a, may be revoked, suspended or annulled, or such practitioner may be reprimanded or otherwise disciplined, after notice and hearing, recommendation of the examining board representing the branch of the healing arts practiced by such practitioner for any cause named below. Proceedings relative to the revocation, suspension or annulment of a license or toward disciplinary action may be begun by the filing of written charges, verified by affidavit, by the Commissioner of Public Health with the examining board representing the branch of the healing arts practiced by the practitioner. [The causes for which a] A license may be revoked, suspended or annulled or [for which] a practitioner may be reprimanded or otherwise disciplined [are as follows: for failure to conform to the accepted standards of the profession that includes, but is not limited to: (1) Conviction in a court of competent jurisdiction, either within or without this state, of any crime in the practice of his profession; (2) fraudulent or deceptive conduct in the course of professional services or activities; (3) illegal, incompetent or negligent conduct in the practice of the healing arts; (4) habitual intemperance in the use of spirituous stimulants or addiction to the use of morphine, cocaine or other habit-forming drugs; (5) aiding or abetting the unlawful practice of any branch of the healing arts; (6) failure to record a license as required by law; (7) physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process of the practitioner; (8) fraud or material deception in obtaining a license; or (9) violation of any applicable statute or regulation. The clerk of any court in this state in which a person practicing any profession under the jurisdiction of any of the examining boards for the healing arts has been convicted of any crime as described in this section shall, immediately after such conviction, transmit a certified copy, in duplicate, of the information and judgment, without charge, to the Department of Public Health, containing the name and address of the practitioner, the crime of which he was convicted and the date of

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conviction. The Commissioner of Public Health may order a practitioner to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec. 13. Section 20-59 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

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The board may take any of the actions set forth in section 19a-17 for failure to conform to the accepted standards of the profession that includes, but is not limited to, any of the following: [reasons:] (1) Procurement of a license by fraud or material deception; (2) conviction in a court of competent jurisdiction, either within or without this state, of any crime in the practice of podiatry; (3) fraudulent or deceptive conduct in the course of professional services or activities; (4) illegal or incompetent or negligent conduct in the practice of podiatry; (5) habitual intemperance in the use of spirituous stimulants or addiction to the use of morphine, cocaine or other drugs having a similar effect; (6) aiding and abetting the practice of podiatry by an unlicensed person or a person whose license has been suspended or revoked; (7) mental illness or deficiency of the practitioner; (8) physical illness or loss of motor skill, including, but not limited to, deterioration through the aging process, of the practitioner; (9) undertaking or engaging in any medical practice beyond the privileges and rights accorded to the practitioner of podiatry by the provisions of this chapter; (10) failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-58a; (11) independently engaging in the performance of ankle surgery procedures without a permit, in violation of section 20-54; (12) violation of any provision of this chapter or any regulation adopted hereunder; or (13) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. The Commissioner of

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402 Public Health may order a license holder to submit to a reasonable 403 physical or mental examination if his physical or mental capacity to 404 practice safely is the subject of an investigation. Said commissioner 405 may petition the superior court for the judicial district of Hartford to 406 enforce such order or any action taken pursuant to section 19a-17. The 407 clerk of any court in this state in which a person practicing podiatry 408 has been convicted of any crime shall, upon such conviction, make 409 written report, in duplicate, to the Department of Public Health of the 410 name and residence of such person, the crime of which such person 411 was convicted and the date of conviction; and said department shall 412 forward one of such duplicate reports to the board.

Sec. 14. Subsection (a) of section 20-73a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective* 415 October 1, 2013):

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(a) The Board of Examiners for Physical Therapists shall have jurisdiction to hear all charges of conduct that fails to conform to the accepted standards of the practice of physical therapy brought against any person licensed as a physical therapist or physical therapist assistant and, after holding a hearing, written notice of which shall be given to the person complained of, the board, if it finds such person to be guilty, may revoke or suspend such person's license or take any of the actions set forth in section 19a-17. Any proceedings relative to such action may be begun by the filing of written charges with the Commissioner of Public Health. [The causes for which such action may be taken are as follows Conduct that fails to conform to the accepted standards of the practice of physical therapy includes, but is not limited to: (1) Conviction in a court of competent jurisdiction, either within or without this state, of any crime in the practice of such person's profession; (2) illegal, incompetent or negligent conduct in the practice of physical therapy or in the supervision of a physical therapist assistant; (3) aiding or abetting the unlawful practice of physical therapy; (4) treating human ailments by physical therapy without the oral or written referral by a person licensed in this state or

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435 in a state having licensing requirements meeting the approval of the 436 appropriate examining board in this state to practice medicine and 437 surgery, podiatry, natureopathy, chiropractic or dentistry if such 438 referral is required pursuant to section 20-73; (5) failure to register with 439 the Department of Public Health as required by law; (6) fraud or 440 deception in obtaining a license; (7) engaging in fraud or material 441 deception in the course of professional services or activities; (8) failure 442 to comply with the continuing education requirements of section 20-443 73b; (9) violation of any provision of this chapter, or any regulation 444 adopted under this chapter; or (10) failure to provide information to 445 the Department of Public Health required to complete a health care 446 provider profile, as set forth in section 20-13j.

Sec. 15. Section 20-74g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

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The commissioner may refuse to renew, suspend or revoke a license, or may impose probationary conditions, where the licensee or applicant for a license has been guilty of unprofessional conduct [which] that has endangered or is likely to endanger the health, welfare or safety of the public. Such unprofessional conduct shall include, [:] but not be limited to: (1) Obtaining a license by means of fraud, misrepresentation or concealment of material facts; (2) being guilty of unprofessional conduct as defined by the rules established by the commissioner, or violating the code of ethics adopted and published by the commissioner; or (3) being convicted of a crime other than minor offenses defined as "infractions", "violations", or "offenses" in any court if, in accordance with the provisions of section 46a-80, the acts for which the applicant or licensee was convicted are found by the commissioner to have a direct bearing on whether he should be entrusted to serve the public in the capacity of an occupational therapist or occupational therapy assistant. The clerk of any court in this state in which a person practicing occupational therapy has been convicted of any crime as described in this section shall, immediately after such conviction, transmit a certified copy, in duplicate, of the

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information and judgment, without charge, to the department containing the name and address of the occupational therapist, the crime of which he has been convicted and the date of conviction. The hearing on such charges shall be conducted in accordance with regulations adopted by the commissioner pursuant to section 20-74i. If any registration is revoked or suspended, notification of such action shall be sent to the department. Any person aggrieved by a final decision of the commissioner may appeal therefrom in accordance with the provisions of section 4-183. Such appeal shall have precedence over nonprivileged cases in respect to order of trial. The Attorney General shall act as attorney in the public interest in defending against such an appeal. One year from the date of the revocation of a license, application for reinstatement may be made to the commissioner. The commissioner may accept or reject an application for reinstatement and may, but shall not be required to, hold a hearing to consider such reinstatement.

Sec. 16. Subsection (a) of section 20-114 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) The Dental Commission may take any of the actions set forth in section 19a-17 for <u>failure to conform to the accepted standards of the profession that includes, but is not limited to,</u> any of the following: [causes:] (1) The presentation to the department of any diploma, license or certificate illegally or fraudulently obtained, or obtained from an institution that is not reputable or from an unrecognized or irregular institution or state board, or obtained by the practice of any fraud or deception; (2) proof that a practitioner has become unfit or incompetent or has been guilty of cruelty, incompetence, negligence or indecent conduct toward patients; (3) conviction of the violation of any of the provisions of this chapter by any court of criminal jurisdiction, provided no action shall be taken under section 19a-17 because of such conviction if any appeal to a higher court has been filed until the appeal has been determined by the higher court and the conviction

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sustained; (4) the employment of any unlicensed person for other than mechanical purposes in the practice of dental medicine or dental surgery subject to the provisions of section 20-122a; (5) the violation of any of the provisions of this chapter or of the regulations adopted hereunder or the refusal to comply with any of said provisions or regulations; (6) the aiding or abetting in the practice of dentistry, dental medicine or dental hygiene of a person not licensed to practice dentistry, dental medicine or dental hygiene in this state; (7) designating a limited practice, except as provided in section 20-106a; (8) engaging in fraud or material deception in the course of professional activities; (9) the effects of physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, upon the license holder; (10) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (11) failure to comply with the continuing education requirements set forth in section 20-126c; (12) failure of a holder of a dental anesthesia or conscious sedation permit to successfully complete an on-site evaluation conducted pursuant to subsection (c) of section 20-123b; (13) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j; or (14) failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in section 20-126d. A violation of any of the provisions of this chapter by any unlicensed employee in the practice of dentistry or dental hygiene, with the knowledge of the employer, shall be deemed a violation by the employer. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

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Sec. 17. Subsection (a) of section 20-1260 of the general statutes is

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repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

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(a) The Department of Public Health may take any of the actions set forth in section 19a-17 for failure to conform to the accepted standards of the profession that includes, but is not limited to, any of the following: [causes:] (1) The presentation to the department of any diploma, license or certificate illegally or fraudulently obtained, or obtained from an institution that is not accredited or from an unrecognized or irregular institution or state board, or obtained by the practice of any fraud or deception; (2) illegal conduct; (3) negligent, incompetent or wrongful conduct in professional activities; (4) conviction of the violation of any of the provisions of sections 20-126h to 20-126w, inclusive, by any court of criminal jurisdiction; (5) the violation of any of the provisions of said sections or of the regulations adopted hereunder or the refusal to comply with any of said provisions or regulations; (6) the aiding or abetting in the practice of dental hygiene of a person not licensed to practice dental hygiene in this state; (7) engaging in fraud or material deception in the course of professional activities; (8) the effects of physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, upon the license holder; (9) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; or (10) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. A violation of any of the provisions of sections 20-126h to 20-126w, inclusive, by any unlicensed employee in the practice of dental hygiene, with the knowledge of his employer, shall be deemed a violation thereof by his employer. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to said

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Sec. 18. Section 20-133 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

The board may take any of the actions set forth in section 19a-17 after notice and hearing, for failure to conform to the accepted standards of the profession that may include, but not be limited to, any of the following: [reasons:] (1) Conviction in a court of competent jurisdiction, either within or without this state, of any crime in the practice of optometry; (2) illegal or incompetent or negligent conduct in the practice of optometry; (3) publication or circulation of any fraudulent or misleading statement; (4) aiding or abetting the practice of optometry by an unlicensed person or a person whose license has been suspended or revoked; (5) presentation to the department of any diploma, license or certificate illegally or fraudulently obtained, or from an unrecognized or irregular institution or state board, or obtained by the practice of any fraud or deception; (6) violation of any provision of this chapter or any regulation adopted hereunder; (7) the effects of physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, upon the practitioner; (8) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (9) failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as required by section 20-133b; or (10) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. The license of any optometrist who peddles optical goods, or solicits orders therefor, from door to door, or who establishes a temporary office, may be revoked, and said department may refuse

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to renew such license. The license of any optometrist who employs solicitors or obtains money by fraud or misrepresentation in connection with the conduct of the profession of optometry shall be revoked, and said department shall not renew such license. The violation of any of the provisions of this chapter by any unlicensed employee in the employ of an optometrist, with the knowledge of his employer, shall be deemed to be a violation thereof by his employer; and continued violation by such an unlicensed employee shall be deemed prima facie knowledge on the part of such employer. Nothing herein contained shall be construed as prohibiting the conducting of clinics or visual surveys when they are conducted without profit.

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Sec. 19. Section 20-154 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

The Commissioner of Public Health, with advice and assistance from said board, may make regulations concerning the licensing of any optician, the granting of any permit to any optical department or the certification of any licensed optician, and the suspension or revocation of any such license or permit, or with reference to the conduct of any such licensee or permittee and the manner in which any such licensed optical department is conducted. Any license to practice as a licensed optician or to conduct any optical department may be suspended or revoked or reissued by said board. The certificate of registration, permit or license of any optician or of any optical permittee may be revoked, suspended or annulled or any action taken under section 19a-17 upon decision after notice and hearing by the board for failure to conform to the accepted standards of the profession that includes, but is not limited to, any of the following: [reasons:] Fraudulent, dishonest, illegal or incompetent or negligent conduct of his business as such licensee or permittee; aiding or abetting any unlicensed person whose license has been suspended or revoked, or any optical permittee whose permit has been suspended or revoked in the conduct of an optician's establishment, office or store; violation of any provision of this chapter or any regulation adopted hereunder; presentation to the department

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of any diploma, license or certificate, irregularly or fraudulently obtained or from any unrecognized or irregular college or state commission, or obtained by the practice of any fraud or deception; physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process; abuse or excessive use of drugs, including alcohol, narcotics or chemicals. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. The violation of any of the provisions of this chapter by any unlicensed employee in the employ of any of its licensees or permittees, with the knowledge of his employer, shall be deemed to be a violation thereof by his employer; and continued violation thereof by such an unlicensed employee shall be deemed to be, prima facie, with the knowledge of such employer.

Sec. 20. Section 20-192 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

The board may take any action set forth in section 19a-17 [, if the license holder: Has been convicted] for failure to conform to the accepted standards of the profession that includes, but is not limited to: (1) Conviction of a felony; [has been found by the board to have] (2) a finding by the board that the license-holder employed fraud or deceit in obtaining his or her license or, in the course of any professional activity, [to have] violated any provision of this chapter or any regulation adopted hereunder or [to have] acted negligently, incompetently or wrongfully in the conduct of [his] the profession; [practiced] (3) practicing in an area of psychology for which [he] the license holder is not qualified; (4) the license holder is suffering from physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process or is suffering from the abuse or excessive use of drugs, including

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alcohol, narcotics or chemicals. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. Notice of any contemplated action under [said] section 19a-17, of the cause therefor and the date of hearing thereon shall be given and an opportunity for hearing afforded as provided in the regulations adopted by the Commissioner of Public Health. The Attorney General shall, upon request, furnish legal assistance to the board. Any person aggrieved by any action of the board may appeal therefrom as provided in section 4-183, except such appeal shall be made returnable to the judicial district where he resides. Such appeal shall have precedence over nonprivileged cases in respect to order of trial.

Sec. 21. Section 20-195d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

The department is authorized to conduct investigations and take disciplinary actions as set forth in section 19a-17 for failure to conform to the accepted standards of the profession that includes, but is not limited to, any of the following: [reasons:] (1) Fraud or material deception in procuring or attempting to procure licensure; (2) illegal conduct, incompetence or negligence in carrying out professional functions; (3) any occupationally disabling emotional disorder or mental illness; (4) physical illness including, but not limited to, deterioration through the aging process; (5) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (6) fraud or material deception in the course of professional activities; (7) wilful and significant falsification of entries in any hospital, patient or other record; and (8) violation of any provision of this chapter, any regulation adopted pursuant to this chapter, or any provisions of subdivision (6) of subsection (a) of section 19a-14, as amended by this act. The commissioner may order a license holder to submit to a

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reasonable physical or mental examination if [his] the license holder's physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec. 22. Section 20-202 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

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After notice and opportunity for hearing as provided in the regulations established by the Commissioner of Public Health, said board may take any of the actions set forth in section 19a-17 for failure to conform to the accepted standards of the profession that includes, but is not limited to, any of the following: [causes:] (1) The presentation to the board of any diploma, license or certificate illegally or fraudulently obtained; (2) proof that the holder of such license or certificate has become unfit or incompetent or has been guilty of cruelty, unskillfulness or negligence towards animals and birds; (3) conviction of the violation of any of the provisions of this chapter by any court of criminal jurisdiction, provided no license or registration shall be revoked or suspended because of such conviction if an appeal to a higher court has been filed until such appeal has been determined by the higher court and the conviction sustained; (4) the violation of any of the provisions of this chapter or the refusal to comply with any of said provisions; (5) the publication or circulation of any statement of a character tending to deceive or mislead the public; (6) the supplying of drugs, biologics, instruments or any substances or devices by which unqualified persons may practice veterinary medicine, surgery and dentistry, except that such drugs, biologics, instruments, substances or devices may be supplied to a farmer for his own animals or birds; (7) fraudulent issue or use of any health certificate, vaccination certificate, test chart or other blank form used in the practice of veterinary medicine relating to the dissemination of animal disease, transportation of diseased animals or the sale of inedible products of animal origin for human consumption; (8) knowingly having

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professional association with, or knowingly employing any person who is unlawfully practicing veterinary medicine; (9) failure to keep veterinary premises and equipment in a clean and sanitary condition; (10) physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process; (11) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; or (12) failure to comply with the continuing education requirements prescribed in section 20-201a. A violation of any of the provisions of this chapter by any unlicensed employee in the practice of veterinary medicine, with the knowledge of his employer, shall be deemed a violation thereof by his employer. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec. 23. Section 20-227 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

The Department of Public Health may refuse to grant a license or inspection certificate or the board may take any of the actions set forth in section 19a-17 against a licensee, registrant or holder of an inspection certificate [if it finds the existence of] for failure to conform to the accepted standards of the profession that includes, but is not limited to, any of the following: [grounds:] (1) The practice of any fraud or deceit in obtaining or attempting to obtain a license, registration or inspection certificate; (2) violation of the statutes or regulations of said department relative to the business of embalming or funeral directing in this state; (3) the conviction of a crime in the course of professional activities; (4) incompetency, negligence or misconduct in the carrying on of such business or profession; (5) violation of or noncompliance with the provisions of this chapter or the rules established hereunder; (6) loaning, borrowing or using a

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license or inspection certificate of another, or knowingly aiding or abetting in any way the granting of an improper license or inspection certificate; (7) aiding or abetting the practice of embalming or funeral directing by an unlicensed person; (8) physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process; or (9) abuse or excessive use of drugs, including alcohol, narcotics or chemicals. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if [his] the license holder's physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order of any action taken pursuant to section 19a-17. The Department of Public Health shall not refuse to renew any license or inspection certificate nor shall the board suspend any such license, registration or inspection certificate until the holder thereof has been given notice and opportunity for hearing in accordance with the regulations adopted by the Commissioner of Public Health. Any person aggrieved by the action of said department in refusing to renew a license or inspection certificate or by the action of said board in suspending or revoking any license, registration or inspection certificate under the provisions of this chapter or action taken under section 19a-17 may appeal therefrom in accordance with the provisions of section 4-183. No person whose license, registration or inspection certificate is suspended or revoked shall, during such suspension or revocation, enter or engage, either personally or through any corporation, partnership or other organization, or through any agent, in any of the activities which such license, registration or inspection certificate entitled him to engage in; nor shall any such person receive any money or any other valuable consideration on account of engaging in any of such activities. No person shall pay, promise, offer or give to anyone whose license, registration or inspection certificate is suspended or revoked any money or other valuable consideration for engaging in any of the activities which such license, registration or inspection certificate entitled [him] <u>such person</u> to engage in.

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Sec. 24. Subsection (a) of section 20-238 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

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(a) No person shall practice the occupation of master barber in this state unless [he] such person has first obtained a license as provided in section 20-236. Said department shall furnish to each person to whom a license is issued a card certifying that the holder thereof is entitled to practice the occupation of master barber in this state, and the holder of such card shall post the same in a conspicuous place in front of his or her working chair, where it may readily be seen by all persons whom [he] the holder may serve. Said department shall keep a register in which shall be entered the names of all persons to whom such licenses are issued, and said register shall be at all times open to public inspection. The board may suspend or revoke any license or certificate granted by it or take any of the actions set forth in section 19a-17 [if the] for failure to conform to the accepted standards of the profession that includes, but is not limited to, any of the following: The holder of a license is incompetent, is habitually intoxicated or habitually addicted to the use of morphine, cocaine, or other habit-forming drugs, or is a violator of any provision of this chapter or of the regulations adopted pursuant thereto or is suffering from physical or mental illness or emotional disorder or loss of motor skill including but not limited to, deterioration through the aging process. Before any license is suspended or revoked or action taken under section 19a-17, such holder shall be given notice and afforded opportunity for hearing as provided in the regulations adopted by the Commissioner of Public Health. The Commissioner of Public Health may order a certificate or license holder to submit to a reasonable physical or mental examination if [his] the holder's physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec. 25. Section 20-263 of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective October 1, 2013*):

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commissioner or representative designated by a commissioner may investigate any alleged violation of the provisions of this chapter and, if there appears to be reasonable cause therefor, on reasonable notice to any person accused of any such violation, may refer the matter to the board for hearing; may make complaint to the prosecuting authority having jurisdiction of any such complaint or may examine into all acts of alleged abuse, fraud, or incompetence. The board may suspend the license of any registered hairdresser and cosmetician, and may revoke the hairdresser and cosmetician license of any person convicted of violating any provision of this chapter or any regulation adopted under this chapter or take any of the actions set forth in section 19a-17 for <u>failure to conform to the accepted standards</u> of the profession that includes, but is not limited to, any of the following: [reasons:] (1) The employment of fraud or deception in obtaining a license; (2) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (3) engaging in fraud or material deception in the course of professional services or activities; (4) physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process; or (5) illegal, incompetent or negligent conduct in the course of professional activities. The commissioner may order a license holder to submit to a reasonable physical or mental examination if the physical or mental capacity of the license holder to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. No license issued pursuant to this chapter shall be revoked or suspended under this section until the licensee has been given notice and opportunity for hearing as provided in the regulations adopted by the commissioner.

Sec. 26. Section 20-271 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

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The license of any electrologist in this state may be revoked or suspended by the board, or such electrologist may be the subject of any action set forth in section 19a-17, after notice and hearing, on the recommendation of the board for [any cause set forth in this section. Proceedings relative to the revocation or suspension of a license or such action may be begun by the filing of written charges, verified by affidavit, with the department. The causes for which a license may be revoked or suspended or for which a practitioner may be the subject of any action set forth in section 19a-17 include] failure to conform to the accepted standards of the profession that includes, but is not limited to: (1) Conviction, either within or without this state, of any crime in the practice of the practitioner's profession; (2) fraudulent or deceptive conduct in the course of professional services or activities or illegal, incompetent or negligent conduct, in the practitioner's practice; (3) habitual intemperance in the use of alcoholic liquor or addiction to the use of narcotics or other habit-forming drugs; (4) violation of any provision of this chapter or of any regulation adopted under this chapter; (5) aiding or abetting the unlawful practice of electrology; (6) physical or mental illness or emotional disorder or loss of motor skill of the practitioner, including, but not limited to, deterioration through the aging process; (7) fraud or material deception in obtaining a license; or (8) splitting of fees or offering of commissions or gifts. Proceedings relative to the revocation or suspension of a license or other action set forth in section 19a-17 may be begun by the filing of written charges, verified by affidavit, with the Department of Public Health. The Commissioner of Public Health may order a licensee to submit to a reasonable physical or mental examination if the physical or mental capacity of the licensee to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

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Sec. 27. Subsection (b) of section 19a-522f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective*

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- 898 (b) An IV therapy nurse or a physician assistant licensed pursuant 899 to section 20-12b, who is employed by, or operating under a contract to 900 provide services in, a chronic and convalescent nursing home or a rest 901 home with nursing supervision that operates an IV therapy program 902 may administer a peripherally inserted central catheter as part of such 903 facility's IV therapy program. The Department of Public Health shall 904 adopt regulations in accordance with the provisions of chapter 54 to 905 carry out the purposes of this section.
 - Sec. 28. Subdivision (1) of subsection (c) of section 19a-750 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):
 - (c) (1) The Health Information Technology Exchange of Connecticut shall be managed by a board of directors. The board shall consist of the following members: The Lieutenant Governor, or his or her designee; the Commissioners of Public Health, Social Services, Consumer Protection and Administrative Services, or their designees; three appointed by the Governor, one of whom shall be a representative of a medical research organization, one of whom shall be an insurer or representative of a health plan and one of whom shall be an attorney with background and experience in the field of privacy, health data security or patient rights; three appointed by the president pro tempore of the Senate, one of whom shall have background and experience with a private sector health information exchange or health information technology entity, one of whom shall have expertise in public health and one of whom shall be a physician licensed under chapter 370 who works in a practice of not more than ten physicians and who is not employed by a hospital, health network, health plan, health system, academic institution or university; three appointed by the speaker of the House of Representatives, one of whom shall be a representative of hospitals, an integrated delivery network or a hospital association, one of whom shall have expertise with federally

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929 qualified health centers and one of whom shall be a consumer or 930 consumer advocate; one appointed by the majority leader of the 931 Senate, who shall be a primary care physician whose practice utilizes 932 electronic health records; one appointed by the majority leader of the 933 House of Representatives, who shall be a consumer or consumer 934 advocate; one appointed by the minority leader of the Senate, who 935 shall be a pharmacist or a health care provider utilizing electronic 936 health information exchange; and one appointed by the minority 937 leader of the House of Representatives, who shall be a large employer 938 or a representative of a business group. The Secretary of the Office of 939 Policy and Management and the Healthcare Advocate, or their 940 designees, shall be ex-officio, nonvoting members of the board. The 941 [Commissioner of Public Health, or his or her designee, shall] 942 Governor shall appoint a member to serve as the chairperson of the 943 board.

- 944 Sec. 29. Subsection (b) of section 20-1950 of the general statutes is 945 repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):
- 947 (b) Notwithstanding the provisions of section 20-195n concerning examinations, on or before October 1, [2012] 2013, the commissioner 948 949 may issue a license without examination, to any master social worker 950 applicant who demonstrates to the satisfaction of the commissioner 951 that, on or before October 1, 2010, he or she held a master's degree 952 from a social work program accredited by the Council on Social Work 953 Education or, if educated outside the United States or its territories, 954 completed an educational program deemed equivalent by the council.
- 955 Sec. 30. Subsection (d) of section 20-12c of the general statutes is 956 repealed and the following is substituted in lieu thereof (*Effective* 957 October 1, 2013):
- (d) Nothing in this chapter shall be construed to prohibit a licensed physician assistant who is (1) part of the Connecticut Disaster Medical

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960 Assistance Team or the Medical Reserve Corps, under the auspices of 961 the Department of Public Health, or the Connecticut Urban Search and 962 Rescue Team, under the auspices of the Department of Emergency 963 Services and Public Protection, and is engaged in officially authorized civil preparedness duty or civil preparedness training conducted by 964 such team or corps, or (2) licensed in another state as a physician 965 966 assistant or its equivalent and an active member of the Connecticut Army or Air National Guard, from providing patient services under 967 968 the supervision, control, responsibility and direction of a licensed 969 physician.

- 970 Sec. 31. Subsection (c) of section 20-128a of the general statutes is 971 repealed and the following is substituted in lieu thereof (*Effective* 972 October 1, 2013):
- 973 (c) The Commissioner of Public Health, with advice and assistance 974 from the board, may make and enforce such regulations, in accordance 975 with chapter 54, as the commissioner deems necessary to maintain 976 proper professional and ethical standards, including, but not limited 977 to, continuing education requirements, for optometrists. [The 978 commissioner shall adopt regulations, in accordance with chapter 54, 979 requiring each optometrist licensed pursuant to this chapter to 980 complete a minimum of twenty hours of continuing education during 981 each registration period, defined as the twelve-month period for which 982 a license has been renewed pursuant to section 19a-88 and is current 983 and valid. The board shall approve all continuing education courses. 984 The board may revoke or suspend licenses for cause.
- 985 Sec. 32. Section 20-132a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):
- 987 (a) For purposes of this section, "actively engaged in the practice of optometry" means the treatment of one or more patients by a licensee during any given registration period and "registration period" means the twelve-month period for which a license has been renewed in

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991 accordance with section 19a-88.

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- 992 (b) Licenses issued under this chapter shall be renewed annually in accordance with the provisions of section 19a-88.
- 994 (c) Except as provided in this section, a licensee who is actively 995 engaged in the practice of optometry shall earn a minimum of twenty 996 hours of continuing education each registration period. The subject 997 matter for continuing education shall reflect the professional needs of 998 the licensee in order to meet the health care needs of the public, and 999 shall include (1) not less than six hours in any of the following areas: Pathology, detection of diabetes and ocular treatment; and (2) not less 1000 1001 than six hours in treatment as it applies to the use of ocular agents-T. 1002 Coursework shall be provided through direct, live instruction that the 1003 licensee physically attends either individually or as part of a group of 1004 participants or through a formal home study or distance learning 1005 program. Not more than six hours shall be earned through a home 1006 study or other distance learning program and not more than six hours shall be in practice management. Qualifying continuing education 1007 activities include, but are not limited to, courses offered or approved 1008 1009 by the Council on Optometric Practitioner Education of the 1010 Association of Regulatory Boards of Optometry, the American 1011 Optometric Association or state or local optometry associations and 1012 societies that are affiliated with the American Optometric Association, 1013 a hospital or other health care institution, a school or college of 1014 optometry or other institution of higher education accredited or 1015 recognized by the Council on Optometric Practitioner Education or the 1016 American Optometric Association, a state or local health department, 1017 or a national, state or local national medical association.
 - (d) Each licensee applying for license renewal pursuant to section 19a-88, except a licensee applying for a license renewal for the first time, shall sign a statement attesting that he or she has satisfied the continuing education requirements described in subsection (c) of this section on a form prescribed by the Department of Public Health. Each

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licensee shall retain records of attendance or certificates of completion that demonstrate compliance with the continuing education requirements described in subsection (c) of this section for not less than three years following the date on which the continuing education was completed or the license was renewed. Each licensee shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records. A licensee who fails to comply with the provisions of this subsection may be subject to disciplinary action pursuant to section 20-133, as amended by this act.

- (e) In individual cases involving medical disability or illness, the Commissioner of Public Health may grant a waiver of the continuing education requirements or an extension of time within which to fulfill the requirements of this section to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the commissioner, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by the commissioner. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.
- (f) A licensee who is not actively engaged in the practice of optometry, in any form, during a registration period shall be exempt from the continuing education requirements, provided the licensee submits a notarized application for exemption on a form prescribed by the commissioner before the end of the registration period. A licensee who is exempt under the provisions of this subsection may not engage in the practice of optometry until the licensee has met the continuing education requirements of this section.

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1055 (g) A licensee whose license has become void pursuant to section
1056 19a-88 and who applies to the department for reinstatement of such
1057 license shall submit evidence of successful completion of twenty
1058 contact hours of continuing education within the one-year period
1059 immediately preceding application for reinstatement.

Sec. 33. Subsection (g) of section 20-126*l* of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

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(g) [All licensed dental hygienists applying for license renewal shall be required to participate in continuing education programs. The commissioner shall adopt regulations in accordance with the provisions of chapter 54 to: (1) Define basic requirements for continuing education programs, (2) delineate qualifying programs, (3) establish a system of control and reporting, and (4) provide for waiver of the continuing education requirement by the commissioner for good cause.] Each licensed dental hygienist applying for license renewal shall earn a minimum of sixteen hours of continuing education within the preceding twenty-four-month period. The subject matter for continuing education shall reflect the professional needs of the licensee in order to meet the health care needs of the public. Continuing education activities shall provide significant theoretical or practical content directly related to clinical or scientific aspects of dental hygiene. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, that are offered or approved by dental schools and other institutions of higher education that are accredited or recognized by the Council on Dental Accreditation, a regional accrediting organization, the American Dental Association, a state, district or local dental association or society affiliated with the American Dental Association, the National Dental Association, the American Dental Hygienists Association or a state, district or local dental hygiene association or society affiliated with the American Dental Hygienists Association, the Academy of General Dentistry, the Academy of Dental Hygiene, the American Red Cross or

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the American Heart Association when sponsoring programs in cardiopulmonary resuscitation or cardiac life support, the Veterans Administration and Armed Forces when conducting programs at United States governmental facilities, a hospital or other health care institution, agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation, local, state or national medical associations, or a state or local health department. Eight hours of volunteer dental practice at a public health facility, as defined in subsection (a) of this section, may be substituted for one hour of continuing education, up to a maximum of five hours in one two-year period. Activities that do not qualify toward meeting these requirements include professional organizational business meeting, speeches delivered at luncheons or banquets, and the reading of books, articles, or professional journals. Not more than four hours of continuing education may be earned through an on-line or other distance learning program.

Sec. 34. Section 20-126*l* of the general statutes is amended by adding subsections (h) to (k), inclusive, as follows (*Effective October 1*, 2013):

(NEW) (h) Each licensee applying for license renewal pursuant to section 19a-88, except a licensee applying for a license renewal for the first time, shall sign a statement attesting that he or she has satisfied the continuing education requirements described in subsection (g) of this section on a form prescribed by the department. Each licensee shall retain records of attendance or certificates of completion that demonstrate compliance with the continuing education requirements described in subsection (g) of this section for not less than three years following the date on which the continuing education was completed or the license was renewed. Each licensee shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records. A licensee who fails to comply with the provisions of this section may be subject to disciplinary action pursuant to section 20-1260, as amended by this act.

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(NEW) (i) In individual cases involving medical disability or illness, the Commissioner of Public Health may grant a waiver of the continuing education requirements or an extension of time within which to fulfill the requirements of this subsection to any licensee, provided the licensee submits to the Department of Public Health an application for waiver or extension of time on a form prescribed by the commissioner, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by the commissioner. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

(NEW) (j) A licensee who is not engaged in active professional practice in any form during a registration period shall be exempt from the continuing education requirements, provided the licensee submits a notarized application for exemption on a form prescribed by the commissioner prior to the end of the registration period. A licensee who is exempt under the provisions of this subsection may not engage in professional practice until the licensee has met the continuing education requirements of this section.

(NEW) (k) A licensee whose license has become void pursuant to section 19a-88 and who applies to the department for reinstatement of such license, shall: (1) For a license that has been void for two years or less, submit evidence of completion of a minimum of twenty-four contact hours of qualifying continued education during the two-year period immediately preceding the application for reinstatement; or (2) for a license that has been void for more than two years, submit evidence of successful completion of the National Board Dental Hygiene Examination or the North East Regional Board of Dental Examiners Examination in Dental Hygiene during the year immediately preceding the application.

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- Sec. 35. Subsection (c) of section 20-12n of the general statutes is
- 1154 repealed and the following is substituted in lieu thereof (Effective
- 1155 October 1, 2013):
- 1156 (c) Applicants for licensure as a homeopathic physician shall, in
- 1157 addition to [meeting the requirements of] holding a license as a
- 1158 physician or surgeon issued in accordance with section 20-10, have
- successfully completed not less than one hundred twenty hours of
- 1160 post-graduate medical training in homeopathy offered by an
- 1161 institution approved by [the Connecticut Homeopathic Medical
- Examining Board or the American Institute of Homeopathy [,] or one
- 1163 hundred twenty hours of post-graduate medical training in
- 1164 homeopathy under the direct supervision of a licensed homeopathic
- physician, which shall consist of thirty hours of theory and ninety
- 1166 hours of clinical practice. The [Connecticut Homeopathic Medical
- 1167 Examining Board] Department of Public Health shall approve any
- training completed under the direction of a licensed homeopathic
- 1169 physician.
- 1170 Sec. 36. Subsection (c) of section 19a-14 of the general statutes is
- 1171 repealed and the following is substituted in lieu thereof (Effective
- 1172 *October* 1, 2013):
- (c) No board shall exist for the following professions that are
- 1174 licensed or otherwise regulated by the Department of Public Health:
- 1175 (1) Speech and language pathologist and audiologist;
- 1176 (2) Hearing instrument specialist;
- 1177 (3) Nursing home administrator;
- 1178 (4) Sanitarian;
- 1179 (5) Subsurface sewage system installer or cleaner;
- 1180 (6) Marital and family therapist;

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1181	(7) Nurse-midwife;	
1182	(8) Licensed clinical social worker;	
1183	(9) Respiratory care practitioner;	
1184	(10) Asbestos contractor and asbestos consultant;	
1185	(11) Massage therapist;	
1186	(12) Registered nurse's aide;	
1187	(13) Radiographer;	
1188	(14) Dental hygienist;	
1189	(15) Dietitian-Nutritionist;	
1190	(16) Asbestos abatement worker;	
1191	(17) Asbestos abatement site supervisor;	
1192	(18) Licensed or certified alcohol and drug counselor;	
1193	(19) Professional counselor;	
1194	(20) Acupuncturist;	
1195	(21) Occupational therapist and occupational therapist assistant;	
1196	(22) Lead abatement contractor, lead consultant contractor, lead	
1197	consultant, lead abatement supervisor, lead abatement worker,	
1198	inspector and planner-project designer;	
1199	(23) Emergency medical technician, advanced emergency medical	
1200	technician, emergency medical responder and emergency medical	
1201	services instructor;	
1202	(24) Paramedic;	

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1203 (25) Athletic trainer; 1204 (26) Perfusionist; 1205 (27) Master social worker subject to the provisions of section 20-1206 195v; [and] 1207 (28) On and after July 1, 2011, a radiologist assistant, subject to the 1208 provisions of section 20-74tt; 1209 (29) Homeopathic physicians; and 1210 (30) Certified water treatment plant operator, certified distribution 1211 system operator, certified small water system operator, certified 1212 backflow prevention device tester and certified cross connection 1213 survey inspector, including certified limited operators, certified 1214 conditional operators and certified operators in training. 1215 The department shall assume all powers and duties normally vested 1216 with a board in administering regulatory jurisdiction over such 1217 professions. The uniform provisions of this chapter and chapters 368v, 1218 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a 1219 and 400c, including, but not limited to, standards for entry and 1220 renewal; grounds for professional discipline; receiving and processing 1221 complaints; and disciplinary sanctions, shall apply, except as otherwise 1222 provided by law, to the professions listed in this subsection. 1223 Sec. 37. Subsection (d) of section 20-74s of the general statutes is 1224 repealed and the following is substituted in lieu thereof (Effective 1225 October 1, 2013): 1226 (d) To be eligible for licensure as a licensed alcohol and drug 1227 counselor, an applicant shall (1) have attained a master's degree from 1228 an accredited institution of higher education and have completed a 1229 minimum of eighteen graduate semester hours in counseling or 1230 counseling-related subjects at an accredited institution of higher

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education, except that applicants holding certified clinical supervisor

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- 1232 status by the Connecticut Certification Board, Inc. as of October 1,
- 1233 1998, may substitute such certification in lieu of the master's degree
- 1234 requirement and graduate coursework requirement, and (2) have
- 1235 completed the certification eligibility requirements described in
- 1236 [subdivisions (1), (2) and (4) of] subsection (e) of this section.
- Sec. 38. Subsection (b) of section 2c-2h of the general statutes is
- repealed and the following is substituted in lieu thereof (Effective
- 1239 *October 1, 2013*):
- 1240 (b) Not later than July 1, 2015, and not later than every ten years
- thereafter, the joint standing committee of the General Assembly
- 1242 having cognizance of any of the following governmental entities or
- programs shall conduct a review of the applicable entity or program in
- accordance with the provisions of section 2c-3:
- 1245 (1) Board of Examiners of Embalmers and Funeral Directors,
- 1246 established under section 20-208;
- 1247 [(2) Connecticut Homeopathic Medical Examining Board,
- 1248 established under section 20-8;]
- [(3)] (2) Board of Examiners in Podiatry, established under section
- 1250 20-51;
- [(4)] (3) Mobile Manufactured Home Advisory Council, established
- 1252 under section 21-84a;
- [(5)] (4) Family support grant program of the Department of Social
- 1254 Services, established under section 17b-616;
- 1255 [(6)] (5) State Commission on Capitol Preservation and Restoration,
- 1256 established under section 4b-60;
- [(7)] (6) Council on Environmental Quality, established under
- 1258 section 22a-11; and

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[(8)] (7) Police Officer Standards and Training Council, established under section 7-294b.

Sec. 39. Section 20-11 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1*, 2013):

1263 The Department of Public Health under the supervision of the 1264 [examining boards provided for by sections 20-8 and] Connecticut 1265 Medical Examining Board, established pursuant to section 20-8a shall 1266 hold examinations not less than twice each year at such places as the 1267 department designates. Applicants for licenses to practice medicine or 1268 surgery shall be examined in such medical subjects as the department 1269 may prescribe, with the advice and consent of the appropriate board, 1270 provided each applicant for examination shall be notified concerning 1271 the subjects in which he is to be examined. The Commissioner of 1272 Public Health, with advice and assistance from each board, shall make 1273 such rules and regulations for conducting examinations and for the 1274 operation of the board as, from time to time, he deems necessary. 1275 Passing scores for examinations shall be established by the department 1276 with the consent of the appropriate board. Each applicant for 1277 examination shall be examined with respect to the same school of 1278 practice in which the applicant was graduated except that an applicant 1279 for licensure in homeopathic medicine who is licensed as a physician 1280 or meets the requirements in section 20-10 may be examined in other 1281 than the school of practice in which such applicant was graduated. 1282 Before being admitted to the examination, an applicant shall pay the 1283 sum of five hundred sixty-five dollars and an applicant rejected by the 1284 department may be reexamined at any subsequent examination, upon 1285 payment of the sum of five hundred sixty-five dollars for each 1286 appearance.

Sec. 40. Subsection (d) of section 20-12 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

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(d) No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint. The department shall inform the [boards established under sections 20-8 and] <u>Connecticut Medical Examining Board, established pursuant to section</u> 20-8a annually of the number of applications it receives for licensure under this section.

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Sec. 41. Section 20-14 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

No provision of this section, sections [20-8,] 20-9 to 20-13, inclusive, as amended by this act, or 20-14a shall be construed to repeal or affect any of the provisions of any private charter, or to apply to licensed pharmacists. All physicians or surgeons and all physician assistants practicing under the provisions of this chapter shall, when requested, write a duplicate of their prescriptions in the English language. Any person who violates any provision of this section regarding prescriptions shall be fined ten dollars for each offense. Any person who violates any provision of section 20-9 shall be fined not more than five hundred dollars or be imprisoned not more than five years or be both fined and imprisoned. For the purposes of this section, each instance of patient contact or consultation which is in violation of any provision of section 20-9 shall constitute a separate offense. Failure to renew a license in a timely manner shall not constitute a violation for the purposes of this section. Any person who swears to any falsehood in any statement required by section 20-10, 20-12, 20-12b or 20-12c to be filed with the Department of Public Health shall be guilty of false statement.

- Sec. 42. Section 17a-680 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):
- For purposes of sections 17a-673, 17a-680 to 17a-690, inclusive, and subsection (d) of section 17a-484:
- 1320 (1) "Alcohol-dependent person" means a person who has a

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- 1321 psychoactive substance dependence on alcohol [as that condition is
- defined that meets the criteria for moderate or severe alcohol use
- 1323 disorder, as described in the most recent edition of the American
- 1324 Psychiatric Association's "Diagnostic and Statistical Manual of Mental
- 1325 Disorders";
- 1326 (2) "Business day" means Monday to Friday, inclusive, except when
- 1327 a legal holiday falls on any such day;
- 1328 (3) "Department" means the Department of Mental Health and
- 1329 Addiction Services;
- 1330 (4) "Dangerous to himself" means there is a substantial risk that
- physical harm will be inflicted by a person on himself or herself;
- 1332 (5) "Dangerous to others" means there is a substantial risk that
- physical harm will be inflicted by a person on another person;
- 1334 (6) "Drug or drugs" means a controlled drug as defined in section
- 1335 21a-240;
- 1336 (7) "Drug-dependent person" means a person who has a
- 1337 psychoactive substance dependence on drugs [as that condition is
- defined that meets the criteria for moderate or severe substance use
- 1339 <u>disorder, as described</u> in the most recent edition of the American
- 1340 Psychiatric Association's "Diagnostic and Statistical Manual of Mental
- 1341 Disorders";
- 1342 (8) "Commissioner" means the Commissioner of Mental Health and
- 1343 Addiction Services;
- 1344 (9) "Gravely disabled" means a condition in which a person, as a
- result of the use of alcohol or drugs on a periodic or continuous basis,
- is in danger of serious physical harm because (A) he or she is not
- providing for his or her essential needs such as food, clothing, shelter,
- vital medical care, or safety, (B) he <u>or she</u> needs, but is not receiving,
- inpatient treatment for alcohol dependency or drug dependency, and

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- 1350 (C) he <u>or she</u> is incapable of determining whether to accept such treatment because his <u>or her</u> judgment is impaired;
- 1352 (10) "Hospital" means an establishment licensed under the 1353 provisions of sections 19a-490 to 19a-503, inclusive, for the lodging, 1354 care and treatment of persons suffering from disease or other 1355 abnormal physical or mental conditions, and includes inpatient 1356 psychiatric services in general hospitals;
- 1357 (11) "Incapacitated by alcohol" means a condition in which a person 1358 as a result of the use of alcohol has his <u>or her</u> judgment so impaired 1359 that he <u>or she</u> is incapable of realizing and making a rational decision 1360 with respect to his or her need for treatment;
- 1361 (12) "Incompetent person" means a person who has been adjudged 1362 incompetent by a court of competent jurisdiction;
- 1363 (13) "Intoxicated person" means a person whose mental or physical 1364 functioning is substantially impaired as a result of the use of alcohol or 1365 drugs;
- 1366 (14) "Medical officer" means a licensed physician in attendance at a 1367 treatment facility or hospital;
- 1368 (15) "Respondent" means a person who is alleged to be alcohol-1369 dependent or drug-dependent and for whom a petition for 1370 commitment or recommitment to an inpatient treatment facility has 1371 been filed;
- 1372 (16) "Treatment" means any emergency, outpatient, intermediate 1373 and inpatient services and care, including diagnostic evaluation, 1374 medical, psychiatric, psychological and social services, vocational and 1375 social rehabilitation and other appropriate services, which may be 1376 extended to alcohol-dependent persons, drug-dependent persons and 1377 intoxicated persons;
- 1378 (17) "Treatment facility" means (A) a facility providing treatment

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1379 and operating under the direction and control of the department, or (B) 1380 a private facility providing treatment and licensed under the 1381 provisions of sections 19a-490 to 19a-503, inclusive, as amended by this 1382 act.

1383 Sec. 43. Subsection (b) of section 19a-72 of the general statutes is 1384 repealed and the following is substituted in lieu thereof (Effective from 1385 passage):

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1386 (b) The Department of Public Health shall maintain and operate the 1387 Connecticut Tumor Registry. Said registry shall include a report of 1388 every occurrence of a reportable tumor that is diagnosed or treated in 1389 the state. Such reports shall be made to the department by any 1390 hospital, clinical laboratory and health care provider in the state. Such reports shall include, but not be limited to, pathology reports and 1392 information obtained from records of any person licensed as a health 1393 care provider and may include a collection of actual tissue samples 1394 and such information as the department may prescribe. Follow-up 1395 [data, demographic, diagnostic, treatment and] information shall also be contained in the report and shall include, when available: (1) 1396 1397 Demographic data; (2) diagnostic, treatment, pathology, and other 1398 operative reports; (3) hematology, medical oncology and radiation 1399 therapy consults; and (4) other medical information [shall also be 1400 included in the report in a form and manner] as the department may prescribe. Such information shall be reported to the department not 1402 later than six months after diagnosis or the first encounter for 1403 treatment of a reportable tumor, in the form and manner prescribed by 1404 the department. The Commissioner of Public Health shall promulgate 1405 a list of required data items, which may be amended from time to time. 1406 Such reports shall include every occurrence of a reportable tumor that 1407 is diagnosed or treated during a calendar year. [Such reports shall be 1408 submitted to the department on or before July first, annually, in such 1409 manner as the department may prescribe.]

1410 Sec. 44. Subdivision (7) of subsection (b) of section 19a-14 and

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section 20-8 of the general statutes are repealed. (*Effective October 1,* 2013)

This act shall take effect as follows and shall amend the following sections:				
Section 1	October 1, 2013	19a-32c		
Sec. 2	January 1, 2014	19a-266		
Sec. 3	October 1, 2013	19a-491c(c)		
Sec. 4	October 1, 2013	19a-490(a)		
Sec. 5	October 1, 2013	19a-491(c)		
Sec. 6	October 1, 2013	19a-87b(b)		
Sec. 7	October 1, 2013	52-1460		
Sec. 8	October 1, 2013	19a-496		
Sec. 9	October 1, 2013	20-13c		
Sec. 10	October 1, 2013	20-29		
Sec. 11	October 1, 2013	20-40		
Sec. 12	October 1, 2013	20-45		
Sec. 13	October 1, 2013	20-59		
Sec. 14	October 1, 2013	20-73a(a)		
Sec. 15	October 1, 2013	20-74g		
Sec. 16	October 1, 2013	20-114(a)		
Sec. 17	October 1, 2013	20-126o(a)		
Sec. 18	October 1, 2013	20-133		
Sec. 19	October 1, 2013	20-154		
Sec. 20	October 1, 2013	20-192		
Sec. 21	October 1, 2013	20-195d		
Sec. 22	October 1, 2013	20-202		
Sec. 23	October 1, 2013	20-227		
Sec. 24	October 1, 2013	20-238(a)		
Sec. 25	October 1, 2013	20-263		
Sec. 26	October 1, 2013	20-271		
Sec. 27	October 1, 2013	19a-522f(b)		
Sec. 28	October 1, 2013	19a-750(c)(1)		
Sec. 29	October 1, 2013	20-195o(b)		
Sec. 30	October 1, 2013	20-12c(d)		
Sec. 31	October 1, 2013	20-128a(c)		
Sec. 32	October 1, 2013	20-132a		
Sec. 33	October 1, 2013	20-126l(g)		

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Sec. 34	October 1, 2013	20-126 <i>l</i>
Sec. 35	October 1, 2013	20-12n(c)
Sec. 36	October 1, 2013	19a-14(c)
Sec. 37	October 1, 2013	20-74s(d)
Sec. 38	October 1, 2013	2c-2h(b)
Sec. 39	October 1, 2013	20-11
Sec. 40	October 1, 2013	20-12(d)
Sec. 41	October 1, 2013	20-14
Sec. 42	October 1, 2013	17a-680
Sec. 43	from passage	19a-72(b)
Sec. 44	October 1, 2013	Repealer section

Statement of Purpose:

To make various changes to the public health statutes.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

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